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Report to the Legislature

November 1996

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WICHE, WAMI, Minnesota Dental and Rural Physician Incentive Programs

Commissioner of Higher Education

Montana State University - Bozeman

This report contains information pertaining to the history and current status of the WICHE, WAMI, Minnesota Dental and Rural Physician Incentive Programs. The report addresses:

- **The number of students funded and the professional occupations available.**
- **The method used to determine which students are funded.**
- **A service/payback requirement.**

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LEGISLATIVE AUDIT DIVISION

November 1996

To the Legislative Audit Committee
of the Montana State Legislature:

This is our performance audit of the WICHE, WAMI, Minnesota Dental, and Rural Physician Incentive Programs administered by the Commissioner of Higher Education and the Montana University System.

This report provides information to the legislature concerning the history of the programs, the number of Montana graduates obtaining professional licenses from Montana, and a recommendation pertaining to the method used to choose which students are funded. Agency responses are at the end of the report.

We wish to express our appreciation to the staff of the commissioner's office and Montana State University - Bozeman for their cooperation and assistance.

Sincerely,

Scott A. Seacat
Legislative Auditor

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Legislative Audit Division

Performance Audit

WICHE, WAMI, Minnesota Dental and Rural Physician Incentive Programs

Commissioner of Higher Education

Montana State University - Bozeman

Audit staff involved in this audit was Mary Zednick.

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Table of Contents

List of Tables and Figures iv

Appointed and Administrative Officials vi

Report Summary S-1

Chapter I Introduction

Introduction 1

Audit Objectives 1

Audit Scope and Methodology 2

Chapter II - Background

Introduction 3

WICHE 3
- Support Fees Paid by Participating States 5
- Distribution of WICHE Funds 6

WAMI 7
- Distribution of WAMI Funds 8
- Students Receive Portion of Training in Rural Communities . 8

Minnesota Dental Program 9

Program Eligibility 10
- Must Complete Questionnaire 10
- Continuing Eligibility 11

Chapter III - Program Results

Introduction 13

Has the Number of Openings Changed Over the Years and Why? 13
- WICHE Openings Have Decreased Since Inception 13
- WAMI Openings Remain Constant Since 1975 15
- Minnesota Dental Openings Fluctuate 16

Program Expenditures 17

How Are the Number of Openings Determined? 18
- WICHE and Minnesota Dental Openings Change Depending on Funding 18

How Many Students Does Montana Fund Compared to Other States? 18

Table of Contents

How Are the Occupations Supported by Montana Determined? 20

Are the Openings Guaranteed? 20
Admission and Application Procedures Change Fall 1997 for Veterinary Medicine Students 21
What Happens to Openings if Not Funded? 22

How Many Graduates Obtain Licenses to Practice in Montana? 22

What Happens to Montana Students Who Are Not Funded or Are Not Accepted at Schools? 25
What Are the Students Not Funded in 1995-96 Planning to Do? 25
Most Students Will Try to Continue in Chosen Professional Occupation 25
What Are Students in 1996-97 Going to Do if They Are Not Funded? 25
Most Students Will Apply to School and for Funding Next Year 26

What Concerns Do WICHE, WAMI Applicants Have with the Programs? 26
Basis for Funding Could be Changed 27

Summary 29

Conclusion 36

Chapter IV - Rural Physician Incentive Program

Introduction 39

What Is the Intent of the Program? 39

How is the Program Funded? 40

What Are the Application Procedures? 41
Who Reviews the Applications? 41
Do Physicians Need to be New to the Community to Apply for Funds? 42

Who Receives the Loan Payments? 42

How Often Are Payments Made? 42

How Many Physicians Have Been Accepted? 42
Have Any WICHE or WAMI Students Benefitted? 44

Have Any Applicants Been Denied Funding? 44

Conclusion 44

Agency Responses Commissioner of Higher Education 47

Montana State University - Bozeman 51

Appendix A Survey of WICHE, WAMI, Minnesota Dentistry Applicants . . A-1

Appendix B Survey of WICHE, WAMI, Minnesota Dentistry Applicants . . B-1

List of Tables

Table 1	Occupations for Which States Send Students Out-of-State (School Years 1996-98)	4
Table 2	Number of Out-of-State WICHE Students Attending Montana Schools (School Years 1990-91 through 1995-96)	5
Table 3	Support Fees Paid by WICHE States (School Years 1992-93 through 1996-97)	6
Table 4	Location of the Community Phase in WAMI States	9
Table 5	Total Montana WICHE Students Supported by Occupation (School Years 1953-54 through 1995-96)	14
Table 6	Percent Change in Support Fees (School Years 1990-91 and 1996-97)	15
Table 7	Total Montana Minnesota Dental Students (School Years 1974-75 through 1996-97)	16
Table 8	WICHE, WAMI, Minnesota Dental Program Expenditures (Fiscal Years 1990-91 through 1995-96)	17
Table 9	Number of Students Sent by WICHE States (Fall 1990 through Fall 1995)	19
Table 10	Number of WAMI Openings by State (Fall 1990 through Fall 1995)	20
Table 11	Number of Montana Graduates Obtaining Licenses in Montana*	23
Table 12	Percentage of MT Graduates Obtaining Licenses in MT	24
Table 13	Number Students Applied, Accepted, and Funded (School Years 1981-82 through 1996-97)	27
Table 14	Location of MT WAMI and WICHE Medical Graduates in MT (As of June 1996)	30
Table 15	Comparison of WICHE Return Rates*	32
Table 16	Job Market for Six Occupations (1996)	33
Table 17	Montana Hourly and Yearly Salaries (1993)	34

List of Tables

Table 18 — RPIP Revenue and Expenses (Fiscal Years 1991-92 through 1995-96) 40

Table 19 — RPIP Participant Information (As of December 1995) 43

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Montana State University - Bozeman	Dr. Stephen Guggenheim, Director, WAMI Program

Introduction

Our performance audit reviewed the WICHE, WAMI, Minnesota Dental and Rural Physician Incentive Programs. The WAMI Program is administered by Montana State University - Bozeman (MSU). The other three programs are administered by the Commissioner of Higher Education's office (CHE). The audit's objectives include determining the benefits of the three professional exchange programs to students and the state of Montana, and providing information to the legislature regarding the Rural Physician Incentive Program. To gather information concerning the programs we interviewed CHE and MSU staff and reviewed files. Questionnaires were sent to applicants seeking exchange program funding in 1995 and 1996. We also obtained lists of professionals licensed by the Department of Commerce and compared them to lists of program graduates.

WICHE

In 1953, 15 western states established the Western Interstate Commission for Higher Education (WICHE). The program was created to promote and facilitate resource sharing and cooperative planning among states and their colleges and universities (hereinafter referred to as schools). The WICHE Program provides educational opportunities in 16 professional occupations. Montana sends students to out-of-state schools for eight professional occupations - dentistry, medicine, occupational therapy, optometry, osteopathic medicine, podiatry, public health, and veterinary medicine.

Montana pays a yearly support fee to admitting schools to help cover the cost of each student's tuition. CHE pays the support fees directly to the WICHE coordinator in Colorado. Students pay for the remaining tuition, room and board, and books. WICHE applicants receive preference over any nonresident student not WICHE funded for the eight supported professional occupations.

WAMI

WAMI (Washington, Alaska, Montana, Idaho) is a cooperative program between the University of Washington School of Medicine and the states of Alaska, Montana, and Idaho. The WAMI Medical Programs has the goals of: 1) making public medical education accessible to Montana residents, and 2) encourage graduates to choose careers in primary care medicine and to locate their practices in the non-metropolitan areas of northwestern United States. The

only Montana students accepted at the University of Washington School of Medicine are those participating in the WAMI Program. The state of Montana pays a support fee for WAMI students as it does for WICHE students.

After the first two years, WAMI students enter a predominately clinical phase of their education. During this phase, students receive a portion of their training at the University of Washington School of Medicine and a portion from physicians in smaller communities in the four WAMI states. Students can choose from 13 communities in the 4 states; Montana has five participating communities - Billings, Great Falls, Missoula, Havre, and Whitefish.

Minnesota Dental Exchange Program

The University of Minnesota Dental Exchange Program is a cooperative agreement established in 1974 between the state of Montana and the University of Minnesota School of Dentistry. The program provides a limited number of dental school openings for Montana students. Accepted Montana students are charged resident student tuition and fees. The state pays the agreed upon subsidy for each Montana student.

Program Eligibility

Students interested in participating in WICHE, WAMI and the Minnesota Dental Programs obtain their undergraduate degree at any college of their choice. During the fall of their last year of undergraduate school they need to apply for certification from the office of the Commissioner of Higher Education. The certificate states he/she is a resident of Montana.

Number of Openings is Decreasing

Over the years the number of students funded (which equates to the number of openings available in the individual professions) has fluctuated. The number of WICHE openings for new and continuing students has ranged from a low of 4 (1953-54 when the program started) to a high of 165 (1977-78). Since 1978 the number has decreased to a total of 73 openings in 1995-96. The number of new and continuing Minnesota Dental students ranged from a low of 5 in 1995-96 to a high of 19 in 1977-78. Montana has consistently funded 20 new and 56 to 57 continuing WAMI students a year since 1975.

A change in funding source and increases in support fees paid for each profession contributed to the decrease in the number of WICHE and Minnesota Dental openings. When the WICHE program began in 1953 it was funded by State Special Education Trust Fund interest income. Since 1991 the program has been funded totally with General Fund money. Minnesota Dental and WAMI are also funded with General Fund money. Support fees for medical students has remained the same, but fees for the other seven professions have increased from 8 to 29 percent from school year 1990-91 to school year 1996-97.

Applicant Numbers are Increasing

Although the number of available openings has decreased, the number of applicants is on the rise. Ninety-six new students applied for funds from the three programs in school year 1991-92. Forty-six students were funded. In 1996-97 193 new students applied for funds; 39 students were funded from the three programs.

Legislature Determines Funding Based on CHE Recommendations

The legislature determines the funding for the number of opening in each occupation based on CHE's recommendations. The Board of Regents has complete authority to increase or decrease the number of student openings available in all occupations. The Board of Regents can also determine which occupations will be funded.

Non-Funded Students Rarely Accepted to Schools

It is rare for a person who is not WICHE funded to be admitted to a school in the WICHE program for these professional occupations:

- medicine
- dentistry
- physical therapy
- optometry
- osteopathic medicine
- veterinary medicine
- occupational therapy
- podiatry

Schools offering these programs make acceptance offers to students contingent upon WICHE funding. Nonresident applicants not WICHE funded may placed in an at large or nonresident applicant pool for consideration. The number of nonresidents admitted to the school depends on the total number of applicants during the year, overall enrollment, type of applicants, etc.

Applicants have Two Main Concerns About the Programs

One of the major complaints of students applying for admittance to college was the lack of funds in the three programs. Lack of funds equates to fewer openings in each profession, thus creating a limited chance for Montana students to continue their higher education without incurring a large amount of debt, if they are even accepted into a college. Many western professional schools do not accept nonresident students if they are not WICHE funded. The University of Washington School of Medicine does not accept any Montana student if he/she does not have WAMI funding. Although many students were not funded in 1995, they intended to apply for funding and admittance to school the next year. Very few students indicated they would pursue a different career.

The other concern centered around the basis for determining who receives WICHE funding and who does not. Students did not believe the first-accepted, first-funded basis was appropriate.

Basis for Funding Could be Changed

WICHE currently funds students on a first-accepted, first-funded basis. The date on a school's acceptance letter determines who is funded. Six other WICHE states use a ranking system to determine who receives funding. Other WICHE states fund all the students or have individualized systems based on a financial need or grade point average and test scores.

The ranking system allows schools to participate in student selection. The school ranks students from each state by professional occupation based upon the school's admissions criteria. The only criteria the schools cannot consider are religion and financial need. Each state's students are ranked against each other, not against students from other states. The top ranked students from each state for each professional occupation are the ones offered funding.

A ranking system appears to be more equitable than the first-come first-funded system since it relies more on the student's academic abilities than on the date of the student's acceptance offer.

Return Rates Low Compared to Other States

In looking at the return rate of graduates, Montana has the lowest of all the WICHE states. (The return rate is based upon the "current" address of the students the WICHE coordinator could locate.) The return rates for the 13 participating states ranged from 71 percent for Colorado to 45.2 percent for Montana. We found about 63 percent of the WICHE graduates, 45 percent of the WAMI graduates and 55 percent of the Minnesota Dental graduates obtained Montana professional licenses. Not all of the graduates with licenses reside in Montana.

One factor affecting whether graduates return to Montana is the job market. Although the number of Montana professional graduates each year is less than the annual openings in the professions (except for podiatrists and veterinarians), Montana graduates are competing with others in their profession from out-of-state.

Another factor deterring graduates from returning to Montana is the salaries paid. Although Montana pays the "out-of-state" portion of tuition, the students are still paying the school's in-state tuition for four years of post-graduate work. For many this could equate to quite a debt for school loans which needs to be repaid.

Montana does not have a requirement for students to return to the state to practice or pay back the support fees upon graduation. Four states do require graduates to either return to the state to practice for a number of years or payback a portion or all of support fees used to pay for their education. Payback requirements include practicing in the state one year for each year of support, and working and paying the state a percentage of the support fees.

Rural Physician Incentive Program

The Montana Rural Physicians Incentive Program (RPIP) was authorized by the 1991 Legislature. The program's purpose is to encourage primary care physicians to practice in medically under-served areas of rural Montana.

The RPIP pays up to $30,000 in total toward qualified educational loans of participating health professionals over a one to four year period of service in a location of physician need. Payments are made directly to the lending institution. These benefits are in

addition to any salary or other compensation received by the physician until the obligation is satisfied.

Program Intent

The intent of the program is for the incentive fund to be used for those rural Montana communities having difficulties in attracting and maintaining enough physicians to serve their population. Hospitals and other community organizations in these areas have documented their inability to recruit and retain sufficient numbers of physicians.

WICHE and WAMI Medical Students Pay Annual Fee

Students receiving funds under the WICHE or WAMI programs for medicine or osteopathic medicine are required to pay an annual fee not to exceed 8 percent of the annual individual medicine support fee paid by the state. The student pays approximately $1,850 each year to the program. The money is deposited in the rural Physician Incentive Trust Fund.

Applications Reviewed by Advisory Council

Application is made jointly by a physician and an organization or institution (for example, a hospital or clinic) in the community in which the physician wishes to practice. The physician applicant must also complete and submit loan verification forms. The supporting institution or organization must submit documentation of need for primary care physicians and problems with recruitment and/or poor retention.

The nine member Rural Physician Incentive Program Advisory Committee, appointed by the Commissioner of Higher Education, rates and prioritizes applications upon receipt. As many awards are made as possible given the number of applicants and the amount of money available from the trust fund. Final approval of physicians to receive awards is made by the Board of Regents.

18 Physicians Have Been Accepted

Since inception, 18 physicians have been accepted to the program. As of December 1995, 11 physicians were receiving funds, 3 were receiving federal loan repayment funds, 3 received funds and the loans were repaid, and 1 withdrew. The physicians practice in 13 Montana communities.

Three applicants have been denied funding under the program. One applicant had been in practice more than four years, one was

practicing in a community the Advisory Committee did not believe met the definition of an under-served rural area, and the third was commuting to a rural town one day a week while living in a larger city.

Chapter I - Introduction

Introduction

The state of Montana supports three programs designed to allow residents to attend out-of-state schools providing educational opportunities not available in Montana. The Western Interstate Commission on Higher Education (WICHE), Washington, Alaska, Montana and Idaho (WAMI), and Minnesota Dental Programs provide educational opportunities in 16 professional occupations. Montana sends students to out-of-state schools for 8 of the 16 occupations.

In conjunction with the WICHE, WAMI, and Minnesota Dental Programs, the legislature created the Rural Physician Incentive Program in 1991. The program's purpose is to encourage primary care physicians to practice in "medically under-served" areas of rural Montana. The program helps pay educational debts of Montana physicians practicing in areas which demonstrate a need for assistance in physician recruitment. Montana State University - Bozeman administers the WAMI Program and the office of the Commissioner of Higher Education administers the other three programs.

The Legislative Audit Committee requested a performance audit of the WICHE, WAMI, Minnesota Dentistry, and Rural Physician Incentive Programs.

Audit Objectives

The objectives of this performance audit are to:

1. Determine the benefits of the three professional exchange programs to students and the state of Montana, and

2. Provide information to the legislature regarding the Rural Physician Incentive Program.

To achieve these objectives we answered the following questions:

1. How are professional occupations and number of openings available in each occupation determined?

2. How many Montana students graduate from each occupation?

3. How many Montana students return to Montana to practice?

4. What happens to students who are not accepted at schools or are not funded by one of the programs?

5. What is the purpose and intent of the Rural Physician Incentive Program?

Audit Scope and Methodology

The audit concentrated on the programs activities since their inception and was conducted in accordance with government auditing standards for performance audits.

We interviewed Commissioner of Higher Education, WICHE, and WAMI staff to ascertain how supported professional occupations and the number of funded openings in each occupation are established. We reviewed past legislative committee meeting minutes to determine the legislature's role in the programs.

We obtained lists of Montana students who participated in WICHE, WAMI, and the Minnesota Dental Programs. The lists provided information on the number of students who did and did not graduate. To determine how many graduating students obtained Montana licenses, we compared the WICHE, WAMI and Minnesota Dental student lists to lists of professionals licensed with the applicable Montana Department of Commerce regulating board.

A questionnaire was sent to students who applied for WICHE, WAMI, and Minnesota Dental funding in 1995 and either were not funded or were not accepted to school. We wanted to determine how students planned to attain their career goals if they were not accepted or funded. Students applying for funding in 1996 also received a questionnaire. We wanted to determine students' plans if they did not receive program funding or were not accepted into a school offering their chosen professional occupation.

Rural Physician Incentive Program files were reviewed to determine how many physicians are participating in the program, how many applicants were denied and why, and where the physicians are practicing.

Chapter II - Background

Introduction

The WICHE, WAMI, and Minnesota Dental Programs were created over the last 40 years to allow Montana resident students the opportunity to access education in professional occupations not available in Montana. The following sections describe the three programs. The Rural Physician Incentive Program is discussed in Chapter IV.

WICHE

In 1953, fifteen western states established the Western Interstate Commission for Higher Education (WICHE). The program was created to promote and facilitate resource sharing and cooperative planning among the states and their colleges and universities (hereinafter referred to as schools). The WICHE Professional Student Exchange Program provides access to education in professional occupations not currently available in some states in the western region.

The WICHE Program provides educational opportunities in 16 professional occupations. Table 1 lists the 13 participating states, the 16 occupations available, and occupations to which each state sends students. South Dakota is a WICHE state but does not currently participate in the program. California is also in the WICHE region but does not send students to out-of-state schools. Other states' WICHE students can attend California schools.

Table 1

Occupations for Which States Send Students Out-of-State
(School Years 1996-97 and 1997-98)

Occupation	AK	AZ	CO	HI	ID	MT	NV	NM	ND	OR	UT	WA	WY
Architecture													X
Dentistry	X	X		X		X	X	X	X				X
Graduate Library Studies								X		X			X
Graduate Nursing													X
Law							X						
Medicine	X					X							X
Maritime Technology													
Occupational Therapy	X	X		X	X	X	X	X		X			X
Optometry	X	X	X	X	X	X	X	X	X	X	X	X	X
Osteopathic Medicine	X	X		X		X		X		X		X	X
Pharmacy				X			X						
Physical Therapy	X			X			X	X		X			X
Physician Assistant		X					X	X					X
Podiatry	X					X		X		X	X		X
Public Health						X		X					
Veterinary Medicine	X	X		X		X	X	X	X		X		X
Total	8	6	1	7	2	8	8	10	3	6	3	2	12

Occupations Supported by Montana

Source: Compiled by the Legislative Audit Division from CHE records.

The eight professional occupations Montana currently sends students to are not available through the Montana University System. Montana does not send students out-of-state to study architecture, graduate nursing, law, pharmacy, and physical therapy since the occupations are available in the Montana University System.

The University of Montana - Missoula accepts nonresident WICHE students in physical therapy, law, and pharmacy. Montana State University - Bozeman accepts students in graduate nursing and architecture. The following table shows the number of out-of-state WICHE students attending Montana's schools for school years 1990-91 through 1995-96.

Table 2

Number of Out-of-State WICHE Students Attending Montana Schools
(School Years 1990-91 through 1995-96)

Occupation	1990-91	1991-92	1992-93	1993-94	1994-95	1995-96
Law	0	0	0	0	0	0
Pharmacy	0	0	0	0	0	1
Architecture	5	5	5	6	6	4
Physical Therapy	1	0	1	0	0	0
Graduate Nursing	0	0	0	0	0	0
Forestry*	2	2	-	-	-	-
Total	8	7	6	6	6	5

* WICHE funding stopped in school year 1992-93.

Source: **WICHE Student Exchange Program Statistical Reports, 1990-91 through 1995-96.**

Support Fees Paid by Participating States

Students in the WICHE Program pay reduced levels of tuition. Most students pay resident tuition of the school they attend or a reduced standard tuition at private schools. Montana pays a yearly support fee to help cover the cost of each student's tuition. Fees are based upon professional occupation and are agreed upon by the participating states. Table 3 shows the per student support fee paid to admitting schools by occupation for school years 1992-93 to 1996-97.

Table 3

Support Fees Paid by WICHE States
(School Years 1992-93 through 1996-97)

Occupation	1992-93	1993-94	1994-95	1995-96	1996-97
Medicine	$22,800	$22,800	$22,800	$22,800	$22,800
Dentistry	12,900	13,200	13,500	13,900	14,300
Veterinary Medicine	18,400	18,400	18,400	19,300	19,900
Physical Therapy	5,200	5,300	5,400	5,600	5,700
Occupational Therapy	4,700	4,800	4,900	5,000	5,200
Optometry	7,100	7,200	7,300	8,200	8,400
Podiatry	7,900	8,100	8,300	8,500	8,800
Osteopathic Medicine	11,500	11,700	11,900	12,300	12,600
Graduate Library Studies	3,800	3,900	4,000	4,100	4,200
Law	4,200	4,300	4,400	4,500	4,700
Pharmacy	4,200	4,300	4,400	4,500	4,700
Graduate Nursing	3,800	3,900	4,000	4,100	4,200
Public Health	4,400	4,500	4,600	4,700	4,900
Architecture	2,800	2,900	3,000	3,100	3,200
Maritime Technology	2,800	2,900	3,000	3,100	3,200
Physician Assistant	3,500	3,600	3,700	3,800	3,900

Source: Compiled by the Legislative Audit Division from CHE records.

CHE pays the support fees directly to WICHE. Students pay for the remaining tuition, room and board, and books.

Distribution of WICHE Funds

Montana students eligible for WICHE funds can apply to as many participating schools as they want. Each student goes through the school's normal acceptance process. WICHE applicants receive preference over any nonresident student not WICHE funded for:

- medicine
- osteopathic medicine
- dentistry
- veterinary medicine
- physical therapy
- occupational therapy
- optometry
- podiatry

Upon acceptance at a WICHE participating school Montana students notify the office of the Commissioner of Higher Education to determine if they will receive WICHE funds.

Prior to Fall 1997 Montana WICHE funds are distributed by occupation on a first-accepted first-funded basis since there is a limited number of openings in each WICHE occupation every year. (Funding procedures are changing for Fall 1997; see page 21.) For fiscal years 1995-96 and 1996-97, 17 openings are available each year for first year students in the 8 occupations to which Montana sends students out-of-state. Funding for 57 continuing students in fiscal year 1995-96 and 49 in fiscal year 1996-97 is also provided. (Chapter III discusses funding and openings in the programs in more detail.)

WAMI

WAMI (Washington, Alaska, Montana, Idaho) is a cooperative program between the University of Washington School of Medicine and the states of Alaska, Montana, and Idaho. The WAMI Medical Program has two main goals. The first is to make public medical education accessible to Montana residents. The second is to encourage graduates to choose careers in primary care medicine and to locate their practices in the non-metropolitan areas of northwestern United States.

Montana entered the WAMI program in 1973. At that time the University of Washington was awarded a grant to fund Montana students in the field of medicine. In 1975 Montana and the University of Washington entered into a regional cooperative program guaranteeing Montana residents access to medical school. Montana support of WAMI guarantees 20 qualified Montana students be admitted to the University of Washington School of Medicine each year. The only Montana students accepted at the University of Washington School of Medicine are those participating in the WAMI Program. Prior to 1975, the University of Washington also participated in WICHE.

Distribution of WAMI Funds

Before offers of admission are made, prospective Montana WAMI medical students are interviewed by the University of Washington School of Medicine Admissions Committee. This committee consists of representatives from the state of Montana and the University of Washington School of Medicine. Students admitted to the WAMI Program are selected by the Admissions Committee and are regarded as members of the University of Washington freshman medical class. Montana students only compete with other Montana students for WAMI enrollment, they do not compete with Idaho, Alaska, or Washington students.

Montana students entering the program are enrolled in the University of Washington School of Medicine, but take their first year of medical school basic science courses at Montana State University - Bozeman. After the first year, WAMI students attend classes on the Seattle campus.

Students pay resident tuition at Montana State University during their first year in the WAMI Program. During the second through fourth year students pay in-state tuition at the University of Washington. The state of Montana pays a support fee for WAMI students as it does for WICHE students. The WAMI support fee varies each year the student is in school.

Students Receive Portion of Training in Rural Communities

After the first two years, WAMI students enter a predominantly clinical phase of their education. During this phase, students receive a portion of their training at the University of Washington School of Medicine and a portion, known as the "community phase," from physicians in smaller communities in the four WAMI states. Students can choose from 13 communities in the four states; Montana has 5 participating communities.

The goal of the community phase is to give students an opportunity to learn about the spectrum of illnesses existing in non-metropolitan areas and methods of practice used by rural physicians. The community phase is available in pediatrics, obstetrics-gynecology, family medicine, internal medicine, and psychiatry in a number of locations throughout the four-state WAMI region as shown in Table 4.

Table 4

Location of the Community Phase in WAMI States

Specialty	Washington	Alaska	Montana	Idaho
Pediatrics	Spokane		Great Falls	Pocatello
OB/GYN	Spokane	Anchorage		Boise
Psychiatry		Anchorage		
Family Medicine	Omak	Anchorage	Havre	Pocatello
	Spokane	Ketchikan	Whitefish	Boise
	Anacortes			
Internal Medicine	Wenatachee		Billings	Boise
			Missoula	

Source: **Compiled by the Legislative Audit Division from CHE records.**

Minnesota Dental Program

The University of Minnesota Dental Program is a cooperative agreement established in 1974 between the state of Montana and the University of Minnesota School of Dentistry. The program provides a limited number of dental school openings for Montana students. Two openings were available for first year dental students in both fiscal years 1995-96 and 1996-97.

The state of Montana pays a support fee to the University of Minnesota School of Dentistry for each Montana resident accepted under the program for each academic year. The amount currently agreed upon is the same as the support fee for Montana dental students attending schools under the WICHE dental program. Accepted Montana students are charged resident student tuition and fees. The state pays the agreed upon support fee for each Montana student. Funds budgeted for the Minnesota Dental Program can be used to fund WICHE dentistry students if needed.

Minnesota Dental does not cover advanced training, such as orthodontic training, past the four years for a degree in dentistry.

Program Eligibility

Students interested in participating in WICHE, WAMI, and the Minnesota Dental Programs obtain their undergraduate degree at the college of their choice. During the fall of their last year of undergraduate school they apply for certification from CHE. The certificate states they are Montana residents. Students receive a letter from the Commissioner's office stating they are or are not considered a resident for the particular occupation and program of interest.

Must Complete Questionnaire

To determine residency a person must complete a questionnaire supplied by the Commissioner of Higher Education's office. The questionnaire asks for information pertaining to:

1. High school attended.
2. Residency of mother, father, and/or legal guardian.
3. Who claims the person as an exemption on federal income taxes.
4. If the person filed a state individual income tax return and the state in which it was filed.
5. Issuing state for a driver's license, motor vehicle registration, and hunting and fishing licenses.
6. State in which the person is registered to vote.
7. In which state the person applied for or received a guaranteed student loan.
8. The beginning of the 12-month period upon which the person bases his/her residency claim and any action the person took to begin the period.

CHE staff review the questionnaires and supporting documentation, such as copies of driver's licenses, tax returns, vehicle registration, etc. In fiscal year 1993-94, 140 applicants were certified as residents and 5 were not.

Continuing Eligibility

Each school year students are required to complete a CHE questionnaire asking if they want to continue their program, specify their state of legal residence, and place of permanent domicile. Student progress is also monitored through yearly academic progress reports submitted by participating schools.

Chapter III - Program Results

Introduction

To determine the benefits of the three professional exchange programs to the students and state of Montana, we obtained answers to questions pertaining to the history and current status of the programs. The questions and answers are contained in the following sections.

Has the Number of Openings Changed Over the Years and Why?

The first question pertained to the number of openings available to Montana students. We wanted to know if the number of openings changed from the inception of the three programs and, if so, why.

WICHE Openings Have Decreased Since Inception

The number of WICHE openings for new and continuing students ranged from a low of 4 (1953-54 when the program started) to a high of 165 (1977-78). Since 1978 the number decreased to a total of 74 openings in 1995-96. Some changes resulted from adding or deleting occupations. For example, when The University of Montana - Missoula established a physical therapy program, Montana no longer had to send students out-of-state for that occupation. Other changes relate to available funding per opening.

Table 5 details for each occupation the number of openings funded by Montana from the inception of the WICHE program. The number of students in each occupation each year includes new and continuing students. Table 13 on page 27 shows the number of new students funded each year.

Table 5

Total Montana WICHE Students Supported by Occupation
(School Years 1953-54 through 1995-96)

Year	Medicine	Dentistry	Veterinary	Dental Hygiene	Physical Therapy	Occupational Therapy	Optometry	Podiatry	Public Health	Osteopathic	Total
1953-54	1		3								4
1954-55	2	1	4								7
1955-56	3	3	6								12
1956-57	4	5	9								18
1957-58	4	6	8								18
1958-59	4	6	8								18
1959-60	5	6	9								20
1960-61	10	5	13								28
1961-62	14	6	18								38
1962-63	19	9	23								51
1963-64	25	8	29								62
1964-65	26	14	26								66
1965-66	26	17	28	2							73
1966-67	33	17	25	3							78
1967-68	33	18	24	5							80
1968-69	40	17	30	3							90
1969-70	43	19	44	2							108
1970-71	52	17	56	6	2						133
1971-72	50	14	56	5							125
1972-73	50	15	54	8							127
1973-74	60	18	47	12	2	2	21				162
1974-75	59	16	40	12	4	3	21	2			157
1975-76	52	18	40	13	7	4	23	2			159
1976-77	51	16	38	5	8	6	29	3			156
1977-78	46	17	43	8	10	5	34	2			165
1978-79	37	21	47	6	7	6	33	1			158
1979-80	40	20	46		3	5	34		1		149
1980-81	39	20	48			7	36		1		151
1981-82	37	16	48			4	25		2		132
1982-83	39	13	49			3	24	3	4		135
1983-84	38	14	51			1	24	4	3	4	139
1984-85	40	9	51			2	23	3	1	8	137
1985-86	43	6	50			5	22	4	2	8	140
1986-87	40	8	48			4	17	3	1	8	129
1987-88	33	9	45			4	15	3	1	8	118
1988-89	27	8	43			3	15	3	2	5	106
1989-90	23	10	43			7	18	4	2	5	112
1990-91	24	10	43			9	19	5	4	4	118
1991-92	21	10	41			8	18	3	4	4	109
1992-93	21	11	40			4	15	3	4	4	102
1993-94	23	9	42			2	10	1	3	5	95
1994-95	19	7	36			1	8	1	2	5	79
1995-96	21	6	29			2	6	1	3	6	74

Highest number of students funded

Source: **Compiled by the Legislative Audit Division from CHE records.**

A change in funding source and increases in support fees paid for each occupation contributed to the decrease in the number of openings. When the WICHE program began in 1953 it was funded by State Special Education Trust Fund interest earnings. Funding slowly changed so that by 1988 the program was funded 65 percent with state General Fund. Since 1991 the program has been totally funded with General Fund money.

As can be seen in Table 6, support fees for every occupation except medicine increased from 8.6 to over 29 percent from school year 1990-91 to school year 1996-97.

Table 6

Percent Change in Support Fees
(School Years 1990-91 and 1996-97)

Occupation	1990-91	1996-97	Percent Change
Medicine	$22,800	$22,800	0
Dentistry	11,900	14,300	20.2
Veterinary Medicine	18,400	19,900	8.2
Occupational Therapy	4,300	5,200	20.9
Optometry	6,500	8,400	29.2
Podiatry	7,300	8,800	20.5
Public Health	4,400	4,900	11.4
Osteopathic Medicine	10,700	12,600	17.8

Source: Compiled by the Legislative Audit Division from CHE records.

WAMI Openings Remain Constant Since 1975

An agreement entered into by the Montana University System and the University of Washington School of Medicine in 1975 specifies 20 Montana residents may be admitted to the University of Washington School of Medicine each year. Approximately 80 Montana students participate in the program each year.

In 1973, when the WAMI program started, six students were admitted to the University of Washington under the WICHE program. Nine WICHE funded students were admitted in 1974.

Since 1975 no students funded through the WICHE Program have attended the University of Washington School of Medicine.

Minnesota Dental Openings Fluctuate

The number of Minnesota Dental Program openings has fluctuated since program inception in 1974. The number of new and continuing students ranged from a low of 5 in 1995-96 to a high of 19 in 1977-78. Table 7 shows the number of new, continuing, and total students since the program's inception.

Table 7

Total Montana Minnesota Dental Students
(School Years 1974-75 through 1996-97)

Year	Beginning Students	Continuing Students	Total
1974-75	8	0	8
1975-76	5	7	12
1976-77	5	11	16
1977-78	4	15	19
1978-79	4	13	17
1979-80	4	12	16
1980-81	4	10	14
1981-82	4	10	14
1982-83	3	10	13
1983-84	4	10	14
1984-85	3	9	12
1985-86	2	8	10
1986-87	2	8	10
1987-88	2	7	9
1988-89	3	6	9
1989-90	1	7	8
1990-91	2	6	8
1991-92	1	6	7
1992-93	2	4	6
1993-94	1	5	6
1994-95	1	4	5
1995-96	1	4	5
1996-97	2	3	5

Source: Compiled by the Legislative Audit Division from CHE records.

Program Expenditures

Table 8 shows actual expenditures for the three programs compared to the number of funded openings from fiscal years 1990-91 through 1995-96. Actual expenditures take into account money refunded to WICHE from the schools because Montana students received scholarships or stipends, or did not use the money due to leave of absences, partial attendances or withdrawals.

Table 8

WICHE, WAMI, Minnesota Dental Program Expenditures
(Fiscal Years 1990-91 through 1995-96)

	1990-91	1991-92	1992-93	1993-94	1994-95	1995-96
WICHE						
Funding	$1,650,746	$1,537,672	$1,471,001	$1,617,168	$1,250,636	$1,268,299
Openings	118	109	102	95	79	74
WAMI						
Funding	$2,040,209	$2,129,818	$2,205,908	$2,241,276	$2,231,508	$2,296,586
Openings	76	77	77	77	76	77
Minnesota Dental						
Funding	$95,200	$86,800	$77,400	$79,200	$67,500	$69,500
Openings	8	7	6	6	5	5

Source: Compiled by the Legislative Audit Division.

If the school grants a leave of absence, a student can retain his/her funding for the remaining year(s) without a penalty. If the school does not grant a leave of absence and the student does not go to school, the student loses his/her program funding. The leave of absence can be for a maximum of one year.

How Are the Number of Openings Determined?

Prior to the 1997 biennium the legislature recommended the number of openings for all three programs through the appropriation process. Montana also has a contract with one program guaranteeing Montana a specific number of openings.

WICHE and Minnesota Dental Openings Change Depending on Funding

The legislature determines funding based upon CHE's recommendations for the number of openings in each occupation. The Board of Regents has complete authority to increase or decrease the number of student openings available in all occupations. The Board can respond to a large increase in application numbers in one occupation by reallocating funds.

How Many Students Does Montana Fund Compared to Other States?

The number of openings supported by other states depends on funding appropriated for the program each year. For example, the number of students Alaska funded dropped from 88 in 1990 to 15 in 1995. Table 9 shows, for Fall semester 1990 through 1995, the number of students each state sent out-of-state to a WICHE participating school. California does not send any students out-of-state through the WICHE program but does receive nonresident students.

Table 9

Number of Students Sent by WICHE States
(Fall 1990 through Fall 1995)

State	1990	1991	1992	1993	1994	1995	% Change from 1990-95
Alaska	88	74	57	58	39	15	(83.0)
Arizona	132	130	129	131	134	157	18.9
California	0	0	0	0	0	0	0
Colorado	23	26	29	30	29	25	8.7
Hawaii	102	92	101	102	108	109	6.9
Idaho	36	35	37	35	40	19	(47.2)
Montana	118	109	102	95	79	74	(37.3)
Nevada	112	109	113	101	95	94	(16.1)
New Mexico	138	122	122	128	130	124	(10.1)
North Dakota	57	38	36	29	40	40	(29.8)
Oregon	100	76	74	83	74	73	(27.0)
Utah	68	65	61	63	60	55	(19.1)
Washington	24	26	17	17	20	15	(37.5)
Wyoming	118	165	153	152	147	141	19.5

Source: Compiled by the Legislative Audit Division from WICHE records.

The number of WAMI openings for Montana, Idaho and Washington have fluctuated slightly from 1990 to 1995. Table 10 shows the number of students each state sent to the University of Washington School of Medicine from 1990 through 1995.

Table 10

Number of WAMI Openings by State
(Fall 1990 through Fall 1995)

State	1990	1991	1992	1993	1994	1995
Alaska	10	10	10	10	10	10
Idaho	15	15	15	15	16	16
Montana	21	20	20	20	20	20
Washington	99	104	103	105	105	111

Source: Compiled by the Legislative Audit Division from WAMI records.

How Are the Occupations Supported by Montana Determined?

Based upon CHE's recommendations, the legislature determines the overall funding for the program and which occupations are included in the funding. For example, the physician assistant occupation was added to the WICHE supported professional occupations in 1992-93. Montana does not support this occupation since funding has not been budgeted. With the lump sum General Fund appropriation during the 1995 Legislative Session, the Board of Regents have complete authority to determine which occupations will be funded. The Board could fund some students in occupations not currently funded, such as the physician assistant, if it desires.

Are the Openings Guaranteed?

Participating schools set aside a specific number of openings for WICHE funded students. Individual state funding usually does not support enough students to fill all available openings. This is true for veterinary medicine. WICHE states do not fund enough students to fill all available openings in the four schools teaching veterinary medicine. Montana has a contract with Colorado State University (CSU) stating CSU will extend offers to nine certified Montana students annually. If funding is available, a tenth offer will also be extended. The contract was established in 1980. In 1994-95 only three new students were funded, and in 1995-96 six new students were funded.

The 20 WAMI openings are guaranteed via the contract.

Admission and Application Procedures Change Fall 1997 for Veterinary Medicine Students

Prior to Fall 1997 admissions, veterinary schools did not accept any students until the money to support the students was guaranteed. This meant that during legislative session years no Montana student received an offer until April when the legislature determined available funding.

For Fall 1997, admission and application procedures for veterinary medicine students changed. All students certified in veterinary medicine are encouraged to apply to all four schools offering veterinary medicine. Each school ranks Montana students against each other using the school's regular admissions criteria. School rankings are sent to the WICHE coordinator in Colorado. Information provided by the schools is consolidated, resulting in a single integrated ranking for Montana students, the number one student being the "most qualified" of all certified students from Montana.

The WICHE coordinator then provides schools with an alphabetical list of the top students from each state. The number of students on the list is based upon the number of students Montana will fund, i.e. if the state funds five students, an alphabetic list of the top five ranked students is sent to each school. At the agreed upon offer time, all cooperating veterinary medicine schools make offers to as many or as few WICHE certified students as they choose. At this same time, the schools can also make "at large" offers to students who are not expected to receive WICHE support.

Students have a prescribed time to accept an offer at one of the schools. If there are WICHE openings after the acceptance deadline because students declined the funding, name(s) of the next ranked student(s) are sent to all the schools. These students can then be made offers.

What Happens to Openings if Not Funded?

Nothing happens to openings if they are not funded by the legislature. Lack of funding just means not as many Montana students enter the programs.

It is rare for a person who is not WICHE funded to be admitted to a school in the WICHE program for these professional occupations:

- medicine
- dentistry
- physical therapy
- optometry
- osteopathic medicine
- veterinary medicine
- occupational therapy
- podiatry

Schools offering these programs make acceptance offers to applicants contingent upon WICHE funding. WICHE certified applicants receive priority over other nonresident or at large applicants.

Nonresident applicants not WICHE funded may be placed in an at large or nonresident applicant pool for consideration. The number of nonresidents admitted to the school depends on total number of applicants during the year, overall enrollment, type of applicants, etc. The University of Washington School of Medicine does not accept any Montana student if the student does not receive WAMI funding.

Graduate library studies, law, pharmacy, graduate nursing, public health, architecture, maritime technology, and physician assistant professional occupations admit many nonresidents not supported by WICHE.

To date all WAMI openings have been funded.

How Many Graduates Obtain Licenses to Practice in Montana?

The WICHE coordinator in Colorado has a system to calculate the return rate for the WICHE participating states. The system only shows where the students are at a specific point in time. Montana's WAMI coordinator in Bozeman sends a questionnaire to each Montana graduate every year to determine where the graduate is working.

Since WICHE staff did not have a comprehensive record of Montana's graduate return rate, we determined the number of

graduates who became licensed in Montana. We obtained lists of licensed practitioners from Montana's regulating boards and compared those lists to Montana students who were funded by the WICHE, WAMI, and Minnesota Dental Programs. Although we could not tell if the graduates practiced in Montana, we could determine if they became licensed in Montana. Table 11 details the number of Montana graduates from the three programs who obtained professional licenses in Montana. Since students graduating with degrees in public health are not required to be licensed they are not included in the following two tables.

Table 11

Number of Montana Graduates Obtaining Licenses in Montana*

WICHE	Years	Total	Currently licensed & Residing in MT	Currently licensed but not Residing in MT	Never Licensed in MT	No longer Licensed in MT	Dropped Out	Failed Exam	Deceased	Completing Residency
Medicine**	1954-96	311	60	30	185	10	7		1	18
Osteopathic	1984-96	14	3	1	8					2
Veterinary	1954-95	351	159	88	51	39	2	2	10	
Dentistry	1955-95	120	52	17	40	9	1		1	
Occupational Therapy	1974-95	38	19	1	15	2	1			
Optometry	1974-95	125	54	22	41	8				
Podiatry	1975-95	13	11	1	1					
Dental Hygiene	1966-79	52	15		14	21		2		
Physical Therapy	1971-80	27	8	1	17	1				
WAMI										
Medicine**	1973-96	336	86	27	142	1	12		3	65
Minnesota Dental										
Dentistry	1974-95	56	27	3	25	1				

* Does not include 13 students with degrees in public health. We verified 4 of the 13 graduates are working in Montana. A fifth returned to Montana to work for about two years and then moved out-of-state. Two others did not return to Montana. We could not determine the status of the other six graduates.

** The 14 students receiving WICHE funds in 1973 and 1974 are included in the WICHE statistics and are not included in the WAMI statistics.

Source: Compiled by the Legislative Audit Division from WICHE, WAMI, Minnesota Dental, and Department of Commerce records.

Overall, the percentage of graduates who obtain licenses in Montana is about 63 percent for WICHE, 45 percent for WAMI, and 55 percent for Minnesota Dental. These percentages do not include deceased students, students in residency programs, those who failed the exam, or the ones that dropped from the programs. Table 12 shows the percentage rate of licensure for each occupation in the programs.

Table 12

Percentage of MT Graduates Obtaining Licenses in MT

WICHE	Total Living Graduates	Number Licensed in MT	Percent Licensed in MT
Medicine	285	100	35.1
Osteopathic	12	4	33.3
Veterinary	337	286	84.9
Dentistry	118	78	66.1
Occupational Therapy	37	22	59.5
Optometry	125	84	67.2
Podiatry	13	12	92.3
Dental Hygiene	50	36	72.0
Physical Therapy	27	10	37.0
WAMI			
Medicine	256	114	44.5
Minnesota Dental			
Dentistry	56	31	55.4

Source: Compiled by the Legislative Audit Division from WICHE, WAMI, Minnesota Dental, and Department of Commerce records.

What Happens to Montana Students Who Are Not Funded or Are Not Accepted at Schools?

We sent a questionnaire to students who were not funded by one of the programs or not accepted to a professional school for school year 1995-96. We also sent a questionnaire to students enrolling for school year 1996-97 to determine what they planned to do if they were not accepted to a school or did not receive funding. The majority of both groups of students indicated they would apply for funding and admittance to a school the following school year.

What Are the Students Not Funded in 1995-96 Planning to Do?

We sent 116 questionnaires to students who did not receive program funding. Eighty-one students responded. Fifty responses were from students applying for WICHE or WAMI funds for medical school. Seventeen students applied to veterinary schools. (See Appendix A for the questionnaire results.)

Twenty-nine of the 81 responding students were accepted at schools; the remaining 52 were not accepted at a school. One of the 29 received WICHE funding after we sent our questionnaire and two decided to not attend school. Twenty of the 26 students attending schools received funding from other sources, primarily loans and scholarships.

Most Students Will Try to Continue in Chosen Professional Occupation

Forty-five of the 52 remaining students responded to our questions concerning their future plans. Twenty-nine planned to apply to school and for funding the next year. Four other students indicated they are continuing in school, and an additional three are working at a job related to their field of study. Two more indicated they will apply for funding in 1996 and in the meantime are working at jobs not related to their fields of study. A total of seven students indicated they would not continue in the professional occupations they originally pursued.

What Are Students in 1996-97 Going to Do if They Are Not Funded?

We sent 141 questionnaires to students applying for admission to school and funding for Fall 1996. Eighty-one applicants responded. Fifty-six students applied to WICHE or WAMI funding for medical school. Eleven applied for veterinary schools, and 10 applied to occupational therapy schools. Eighteen of the 81 applicants were accepted for WICHE, WAMI, or Minnesota Dental Program funding. (See Appendix B for the questionnaire results.)

Thirty-nine applicants indicated they will apply for school next year if they are not accepted to a school in 1996; 22 of the 39 will also try to obtain employment in a position related to their field of study until they are accepted. Three of the 39 students indicated they would continue to go to the school in which they are presently enrolled until they are accepted into a professional school. One student indicated he/she would continue in school but not in his/her chosen professional occupation.

Forty students indicated they will apply for other types of funding and program funding in 1996. Seven students said they will apply for program funding only. Forty-three students indicated they plan to attend any school accepting them even without funding. Only three students indicated they would no longer pursue a career in their chosen professional occupation.

Most Students Will Apply to School and for Funding Next Year

Overall, students believe the programs are essential to a Montana student who wants to attend a professional school. Although many were not funded in 1995 they intended to apply for funding and admittance to school the next school year. Many students who had not yet received notification of acceptance to a school or receipt of funding indicated they too would apply for funding and acceptance the following year. Very few students indicated they would pursue a different career.

What Concerns Do WICHE, WAMI Applicants Have with the Programs?

Questionnaire results showed applicants had two primary concerns with the programs: lack of funding, and the basis used for awarding WICHE funds. Many of the students who did not receive funding in 1995 indicated the legislature should appropriate more money to fund more openings in the various occupations.

For most occupations, number of applicants for funding is increasing while number of openings is decreasing. Table 13 shows number of applicants, students receiving admission offers from schools, and positions funded for new students for the three programs.

Table 13

Number Students Applied, Accepted, and Funded
(School Years 1981-82 through 1996-97)

Year	Number of Applicants	Number Accepted	Number New Students Funded		
			WICHE	WAMI	MN Dental
1981-82	161	60	31	20	4
1982-83	159	69	40	20	2
1983-84	130	70	41	20	4
1984-85	138	66	39	20	3
1985-86	116	58	34	20	2
1986-87	117	59	26	20	2
1987-88	129	70	22	20	2
1988-89	122	64	26	20	3
1989-90	120	70	36	20	1
1990-91	112	71	34	20	2
1991-92	96	56	25	20	1
1992-93	129	53	22	20	2
1993-94	140	60	22	20	1
1994-95	140	44	13	20	1
1995-96	171	58	17	20	1
1996-97	193	56	17	20	2

Source: Compiled by the Legislative Audit Division from CHE records.

The other concern pertained to the basis for determining who receives WICHE funding and who does not. The following section discusses this issue.

Basis for Funding Could be Changed

Montana currently funds WICHE applicants on a first-accepted, first-funded basis. When a student receives an acceptance letter from a school, the student sends the letter to CHE. The date on the school's letter determines who is funded. If CHE receives more letters than openings for an occupation, and all the letters are from the same school and have the same acceptance dates, the school is contacted and asked to rank the students. WICHE administrative staff in Colorado then notifies Montana of the ranking for as many

students as there are openings, i.e., if there are five openings, Montana is given a list of the top five students. CHE then notifies the students.

In talking to staff at WICHE in Colorado, we found Montana is one of four participating states which use first-accepted first-funded. Six states use a ranking system to determine who receives funding. Other states either fund all the students or have individualized systems based on financial need or grade point average and test scores.

The ranking system allows schools to participate in student selection. Each participating school receives a list of certified students who are accepted at that school. The school then ranks the students from each state by professional occupation based upon the school's admissions criteria. The only criteria schools cannot consider are religion and financial need. Each state's students are ranked against each other, not against students from other states. Rankings are sent to the WICHE headquarters in Colorado and a final ranking is completed for each professional occupation. Each state is informed of its students' ranking in each professional occupation. The number of ranked names given the state is equivalent to the number of openings in each applicable professional occupation. The top ranked students are the ones offered funding.

Until recently the first-accepted first-funded process appeared to be equitable in Montana. CHE staff believe the potential exists for some schools to take advantage of first-accepted first-funded by making acceptance offers earlier than other schools. In this way the school receives acceptance letters from students earlier and those students may obtain the WICHE funding.

A ranking system appears to be more equitable than the first-accepted first-funded system since it relies more on the student's academic abilities than on the date of the student's acceptance offer. It also reduces the chances of any school receiving a large percentage of WICHE students because that school's acceptance letters are sent out earlier than other schools.

We discussed the possibility of changing to a ranking system with CHE staff. They indicated they plan to implement the ranking system for determining which students will be funded beginning the 1997-98 school year.

Recommendation #1

We recommend the Commissioner of Higher Education's office use the established WICHE ranking system to determine which students are awarded WICHE funds.

Summary

The intent of the WICHE program is to provide acceptable and efficient educational facilities to meet the needs of the region and students. Montana has funded students to attend out-of-state professional schools in the WICHE program since 1953. The WAMI program has two goals: 1) to make public medical education accessible to Montana residents, and 2) encourage graduates to choose careers in primary care medicine and locate their practices in the non-metropolitan areas of the northwest. Montana has participated in the WAMI program since 1973. The following table shows the location of WAMI and WICHE medical graduates residing in Montana in 1996.

Table 14

Location of MT WAMI and WICHE Medical Graduates in MT
(As of June 1996)

Location	Number of WAMI Graduates	Number of WICHE Medical Graduates
Billings	21	15
Missoula	13	11
Great Falls	14	5
Helena	13	5
Butte	4	1
Bozeman	5	4
Kalispell	3	3
Dillon	2	
Big Fork		1
Lewistown	1	
Belgrade	1	
Havre	1	1
Lolo	1	
Sidney	1	1
Plentywood	1	
Ulm	1	
Whitefish	1	1
Hamilton	1	1
Livingston	1	
Miles City	1	1
Glendive		1
Philipsburg		1
Sheridan		1
Forsyth		1
Deer Lodge		1
Conrad		1
Libby		1
Columbia Falls		1
Arlee		1
Total	86	60

Source: Compiled by the Legislative Audit Division.

Over the years the number of students funded (which equates to the number of openings available in the individual occupations) fluctuated. The number of WICHE openings for new and continuing students ranged from a low of 4 (1953-54 when the program started) to a high of 165 (1977-78). Since 1978 the number decreased to a total of 73 openings in 1995-96. The number of new and continuing Minnesota Dental students ranged from a low of 5 in 1995-96 to a high of 19 in 1977-78. Montana consistently funded 20 new and 56 to 57 continuing WAMI students a year since 1975.

A change in funding source and increases in support fees paid for each occupation contributed to the decrease in the number of WICHE and Minnesota Dental openings. When the WICHE program began in 1953 it was funded by the State Special Education Trust Fund interest earnings. Since 1991 the program has been funded totally with General Fund money. Minnesota Dental and WAMI are also funded with General Fund money. Support fees for medical students have remained the same, but fees for the other seven occupations have increased from 8 to 29 percent from school year 1990-91 to school year 1996-97.

Although the number of available openings has decreased applicant numbers are rising. Ninety-six new students applied for funds from the three programs in school year 1991-92. Forty-six students were funded. In 1996-97, 193 new students applied for funds; 39 students were funded from the three programs.

One of the major complaints of students applying for admission into school was the lack of funds in the three programs. Lack of funds equates into fewer openings in each occupation, thus creating a limited chance for Montana students to continue their higher education without incurring a large amount of debt, if they are even accepted into a school. Many western professional schools do not accept nonresident students if they are not WICHE funded. The University of Washington School of Medicine does not accept any Montana student if he/she does not have WAMI funding.

In looking at the return rate of graduates, Montana has the lowest rate of all the WICHE states. (The return rate is based upon the

"current" address of students the WICHE coordinator could locate.) The return rates for the 13 participating states ranged from 71 percent for Colorado to 45.2 percent for Montana.

The following table compares the return rates in the various WICHE states.

Table 15

Comparison of WICHE Return Rates*

State	Number of Graduates	Percent Returned
Alaska	187	46.1
Arizona	649	66.8
Colorado	98	71.0
Hawaii	368	64.2
Idaho	280	47.5
Montana	344	45.2
Nevada	462	64.6
New Mexico	322	55.7
North Dakota	65	57.5
Oregon	449	61.8
Utah	234	62.1
Washington	79	66.9
Wyoming	386	53.2

* The information is based on the number of graduates with "current" known addresses. The WICHE coordinator in Colorado could not locate a number of graduates from each state.

Source: Compiled by the Legislative Audit Division from WICHE records.

We found about 63 percent of Montana's WICHE graduates, 45 percent of the WAMI graduates, and 55 percent of the Minnesota Dental graduates obtained Montana professional licenses. Not all of the graduates with Montana licenses reside in Montana.

One factor affecting graduates return to Montana is the job market. Table 16 shows annual projected growth and openings for six professional occupations Montana supports in the three programs. Although the number of Montana professional graduates each year is less than the annual openings in the occupations (except for podiatrists and veterinarians), Montana graduates are competing with others in their profession from out-of-state. So the likelihood of Montana graduates finding jobs in Montana is reduced.

Table 16

Job Market for Six Occupations
(1996)

Occupation	Jobs Yr 94	Jobs Yr 2000	Total Growth	Annual Growth	Annual Replace-ments	Annual Openings	Total Graduates Per Year
Dentists	190	220	30	5	4	9	4
OT	100	116	16	3	1	4	3
Optometrists	167	192	25	4	3	7	4
Physicians	721	822	101	17	12	29	25
Podiatrists	9	10	1	0	0	0	1
Veterinarians	177	209	32	5	3	8	11

Source: Compiled by the Legislative Audit Division from Montana Department of Labor and Industry's Job Projections for Montana's Industries and Occupations for 1994-2000, WICHE, WAMI, and Minnesota Dental records.

Another factor deterring graduates from returning to Montana is salaries. Although Montana pays the "out-of-state" portion of tuition, students still pay the school's in-state tuition for four years of post-graduate work. For many this could equate to quite a debt for school loans. Table 17 shows the average and median hourly

rates and the average and median yearly salary based on a 2,080 hour work year for four professional occupations.

Table 17

Montana Hourly and Yearly Salaries
(1993)

Occupation	Average Hourly Wage	Median Hourly Wage	Average Annual Salary	Median Annual Salary
Dentist	$43.50	$36.35	$90,480	$75,608
Occupational Therapy	$17.20	$17.58	$35,776	$36,566
Optometrist	$24.94	$24.00	$51,875	$49,920
Veterinarian	$17.62	$14.08	$36,650	$29,286

Source: Compiled by the Legislative Audit Division from Montana Department of Labor and Industry 1993 records.

Montana does not have a statutory requirement for WICHE, WAMI, and Minnesota Dental Program participants to return to the state to practice or pay back the support fees upon graduation. Four states do require graduates to either return to the state to practice for a number of years or pay back a portion or all support fees used to pay for their education. Arizona requires WICHE students to return to the state and spend one year in the practice of their profession for each year they were supported by the program. Students who practice in an under-served Arizona community, so designated by the appropriate licensing board, receive one year of state service credit for each six months of practice. Students who do not practice in Arizona are required to repay 50 percent of the state money spent in their support, plus interest.

Colorado has essentially the same type of requirement as Arizona in that students must practice one year in Colorado for each year they were supported as WICHE students. If they do not practice in

Colorado they must repay all the state money spent on their support plus interest.

Nevada's support fee is in the form of a loan and a stipend. Twenty-five percent of the support fee is a loan the student must repay with interest. The other 75 percent of the support fee is a stipend the student is not required to repay unless the student decides not to practice in Nevada. In order to have the 75 percent stipend waived, the student must practice for a period of one year for each year of state support.

Washington converted to an unforgivable loan in 1995. The loan must be repaid unless the graduate serves in a board-designated shortage area in Washington for the greater of one full year of service for each award year or three full years.

From 1977 to 1983 North Dakota required graduates to repay the state support money or to work in their professional occupation for three years in North Dakota.

Six of 162 students commented in their questionnaire responses they believe Montana should require a payback/service period. One student said ". . . it would be appropriate for those receiving assistance to serve a pay back period working in Montana." Another commented "I would love to have the opportunity to go to medical school, and would be more than willing to donate years of service to this state for that opportunity."

Legislators in the past have attempted to require a payback for WICHE and WAMI students. The last attempt was in the 1995 Legislative Session. The bill did not pass. The bill required WICHE and WAMI medical students to either ". . . practice one of the primary care disciplines in a medically underserved area in Montana one year for each year of financial assistance or to repay all support fees paid by the state on the student's behalf."

There are a number of difficulties with a payback program. One is the lack of jobs. Many students may want to come back to practice but there are limited numbers of jobs available for them upon return

as shown in Table 16. Students unable to find jobs would be required to pay back the money even though they had no choice in where they sought employment. North Dakota also found that North Dakota employers would often pay below market wages to program graduates, knowing the students had to return to the state if they did not want to repay the support fees.

Below is a summary of the benefits and drawbacks of a service/payback plan:

Benefits

-- Repayment by student(s) will materially offset the state's financial support for the programs.

-- Offers an incentive for students to return to Montana to practice.

-- Payback plan consideration may foster more funding and legislative support for the program.

Drawbacks

-- Equity. The Montana University System does not have a service/payback requirement for other General Fund subsidized professional occupations offered at Montana institutions such as pharmacy and law.

-- Employment opportunities for graduates may be limited to rural areas and employers may pay lower salaries to graduates.

-- Fewer students may enroll in these programs.

Conclusion

The intent of the WICHE Program is to provide acceptable and efficient educational facilities to meet the needs of the region and students. Each participating school in the WICHE Program gives admission preference to WICHE applicants. The intent of the Minnesota Dental program is to provide openings for Montana students in an out-of-state dental school that otherwise would not be available. One intent of the WAMI Program is to make public medical education accessible to Montana residents. We can conclude Montana has met the intent of these programs by providing funding to students to participate in the programs for the last 20 to 40 years.

The WAMI Program's second goal is to encourage graduates to practice in non-metropolitan areas of the northwest. Eighty-six of Montana's 256 WAMI graduates were licensed and resided in 19 Montana cities and towns in June 1996. That is a return rate to Montana of about 34 percent. Of the 1,017 Montana WICHE graduates in 8 professional occupations, 385 were residing and licensed in Montana in June 1995. That is a return rate to Montana of 38 percent. Forty-eight percent of the Minnesota Dental graduates returned to Montana as of June 1995.

We could not draw a conclusion or make a recommendation as to whether the return rates are acceptable or not. There is no legislative intent as to an "acceptable" return rate for any of the programs. In 1991 the legislature created the Rural Physician Incentive Program to "lure" medical graduates to the state. It is too early to determine if this program will bring Montana graduates to the state since none of the students supplying funds to the program have graduated and/or completed their residency requirements.

Chapter IV - Rural Physician Incentive Program

Introduction

The Montana Rural Physicians Incentive Program (RPIP) was authorized by the 1991 Legislature. The program's purpose is to encourage primary care physicians to practice in medically under-served areas of rural Montana. Towards this end, the Rural Physician Incentive Trust Fund was established to pay the education debts of rural physicians who practice in areas of the state which are medically under-served and demonstrate a need for assistance in physician recruitment.

The Rural Physician Incentive Program pays up to $30,000 toward qualified educational loans of participating health professionals over a one to four year period of service in a location of physician need. Payments are made directly to the lending institution. These benefits are in addition to any salary or other compensation received by the physician until the obligation is satisfied. If an individual receives funds from a federal loan repayment program, payments from the Montana Rural Physician Incentive Program will not begin until federal funds are exhausted.

In January 1994, the federal government listed 18 Montana counties as health profession shortage areas. Twenty-three other counties have specific towns/areas designated as shortage areas. Some of the areas in the 23 counties overlap. For example, both Golden Valley and Wheatland Counties have Harlowton designated as a health profession shortage area.

What Is the Intent of the Program?

The intent of the program is for the incentive fund to be used for those rural Montana communities which have difficulties in attracting and maintaining enough physicians to serve their population. In general, such communities have populations of less than 8,000 and hospitals with less than 50 beds. The federal government designated many of these areas as health profession shortage areas. Finally, hospitals and other community organizations in these areas have records documenting their inability to recruit and retain sufficient numbers of physicians.

How is the Program Funded?

Students receiving funds under the WICHE or WAMI Programs for medicine or osteopathic medicine must pay an annual fee not to exceed 8 percent of the annual individual medicine support fee paid by the state. The student pays approximately $1,850 each year to the program. The money is deposited in the Rural Physician Incentive Trust Fund. The following table shows the income, expenditures, and ending balance for fiscal years 1991-92 through 1995-96.

Table 18

RPIP Revenue and Expenses
(Fiscal Years 1991-92 through 1995-96)

	Fiscal Years				
	1991-92	1992-93	1993-94	1994-95	1995-96
Income					
STIP Earnings	$ 0	$ 800	$ 1,904	$ 6,365	$ 11,821
Student Fees	18,240	31,024	95,856	135,136	181,848
Total	$18,240	$31,824	$97,760	$141,501	$193,669
Expenses					
Educational Grants	0	15,002	55,500	73,024	78,652
Difference	$18,240	$16,822	$42,260	$ 68,477	$115,017
Ending Balance	$18,240	$35,062	$77,322	$145,799	$260,816

Source: Statewide Budgeting and Accounting System records.

What Are the Application Procedures?

Individuals eligible to apply for funds are citizens or nationals of the United States who:

1. Have a doctor of medicine or doctor of osteopathic medicine degree, and

2. Are eligible for licensure in the state of Montana.

Application is made jointly by a physician and an organization or institution (for example, a hospital or clinic) in the community in which the physician wishes to practice. The application form must be completed by the physician and the institution or organization supporting the applicant. The application form must be signed by both the physician and an official of the supporting institution or organization.

The applicant must also complete and submit loan verification forms. Only verifiable educational loans quality for the $30,000 maximum repayment. The supporting institution or organization must submit documentation of need for primary care physicians and problems with recruitment and/or poor retention.

Who Reviews the Applications?

Upon receiving the application, CHE staff verify the loans with the lending institutions. The application package is then given to the Rural Physician Incentive Program Advisory Committee appointed by the Commissioner of Higher Education. The nine member committee rates and prioritizes applications upon receipt. As many awards are made as possible given the number of applications and the amount of money available from the trust fund. Should it not be possible to fund all qualified applicants, preference is given to those physicians who contributed to the trust fund while they were students in the WICHE or WAMI Programs. The Board of Regents makes the final approval of physicians to receive awards.

The physician is informed if the application is approved or not. If approved, payments to lending institutions start six months after the physician begins practice in the community.

Do Physicians Need to be New to the Community to Apply for Funds?

A physician can practice in a medically needy area for a number of months or years before applying to the program. If the physician is already practicing, the program will only pay educational loans for the years remaining until a four year service period is complete. For example, if a physician practiced 24 months in a medically needy area prior to applying to the program, the RPIP Program would only make loan payments for the remaining 24 months. The amount paid corresponds to the number of months served in the community at the time of application and acceptance.

Who Receives the Loan Payments?

Payments are made directly to lending institutions. Prior to sending money to the lending institution, CHE staff verify via letter with the supporting institution the physician has practiced in the area for the previous six consecutive months. A letter is also sent to the physician asking him/her how he/she wants the money distributed if there is more than one loan and/or more than one lending institution. Upon receipt of information from both parties, warrants are sent to the lending institution(s). This process is followed for every payment made for a physician. The amount of the loan repayment cannot exceed the amount owing on qualified loans.

How Often Are Payments Made?

Payments to the lending institutions are made every six months. The amount paid is based upon the number of consecutive six month periods the physician has worked in the community. The six month periods of service must be consecutive unless a written waiver of the requirement is given by the Commissioner of Higher Education prior to the break in service. The decision to grant or deny a waiver is within the complete discretion of the commissioner.

How Many Physicians Have Been Accepted?

Since inception, the program has accepted 18 physicians. As of December 1995, 11 physicians were receiving funds, 3 were receiving federal loan repayment funds, 3 received funds and the loans were repaid, and 1 withdrew. The physicians practice in 13 Montana towns. Table 19 shows the profession, locality where they went to school, specialty, and community they work in under the Rural Physicians Incentive Program.

Table 19

RPIP Participant Information
(As of December 1995)

Profession	State/Country of Professional School	Specialty	Town
Medicine	Utah	Family Practice	Shelby
Osteopathy	New Jersey	Family Practice/ General Surgical	Forsyth
Medicine	Utah	Family Practice	Shelby
Medicine	Saskatchewan, Canada	Family Practice	Chester
Medicine	Arizona	Family Practice	Deer Lodge
Medicine	Vermont	Rural Family Practice	Deer Lodge
Osteopathy	California	General Practice/ Internal Medicine	Superior
Medicine	Missouri	Family Practice including OB	Columbus
Medicine	California	Family Practice including OB	Thompson Falls
Medicine	Saskatchewan, Canada	Family Practice	Sidney
Medicine	Washington	Primary Care/ OB/ GYN	Sidney
*Medicine	Pennsylvania	Family Practice	Harlowton
*Medicine	Florida	Internal Medicine/ Primary Care	Glasgow
*Medicine	Washington	Family Practice	Plentywood
**Osteopathic	West Virginia	Primary Care	Culbertson
**Medicine	New Mexico	General Practice	Forsyth
**Medicine	Washington, DC	Primary Care/ Family Practice	Scobey

* Received RPIP money and loans were repaid
** Eligible for RPIP money, if needed, after Federal Loan Repayment Program is completed.

Source: Compiled by the Legislative Audit Division from CHE records.

Have Any WICHE or WAMI Students Benefitted?

Two participating physicians received funds from WAMI and one received funds from WICHE for their medical education. None of the physicians contributed to the RPIP fund since the program did not exist when they were going to school. Students who contributed to the fund are not yet eligible for RPIP money. These students do not need to start repaying loans until they finish their residency requirement.

Have Any Applicants Been Denied Funding?

Three applicants have been denied funding under the RPIP. One applicant had been in practice more than four years, one was practicing in a community the Advisory Committee did not believe met the definition of an under-served rural area, and the third was commuting to a rural town one day a week while living in a larger city. The Advisory Committee informed the latter applicant ". . . the intent of the program is for doctors to serve full time and become dedicated to the community. Living in the community is a large part of community involvement."

Conclusion

The Rural Physician Incentive Program was established to help attract medical practitioners to medically needy communities. The program started in 1992, and since then 21 physicians have applied for funds. Eighteen physicians were considered eligible, one withdrew and 14 are currently receiving funds. Three of the 17 physicians were working in the towns before the program started.

Thirteen towns participate in this program. Five towns were listed in the January 1994 Federal Register as medically under-served.

None of the students paying into the program have been able to take advantage of the program due to its recent inception.

Agency Response

MONTANA UNIVERSITY SYSTEM
OFFICE OF COMMISSIONER OF HIGHER EDUCATION

2500 BROADWAY ◊ PO BOX 203101 ◊ HELENA, MONTANA 59620-3101 ◊ (406)444-6570 ◊ FAX (406)444-1469

November 7, 1996

NOV 8 1996

Scott A. Seacat
Legislative Auditor
Room 135, State Capitol
P O Box 201705
Helena, MT 59620-1705

Dear Mr. Seacat:

Enclosed is our response to the November, 1996 performance audit report of the WICHE, WAMI, Minnesota Dental and Rural Physician Incentive Programs. Implementation of the audit recommendation has commenced.

We believe the purpose for Montana's participation in the WICHE, WAMI, and Minnesota Dental student exchange programs is threefold: 1) to provide Montana residents access, at reasonable tuition rates, to quality, professional education programs, which are not available in Montana public institutions; 2) to encourage talented Montana students and talented Montana minority students to choose careers in professional fields; and 3) to enhance Montana's skilled-manpower pool and help address state workforce needs by encouraging Montana students to return to the state upon completion of their education. In addition, participation in these programs prevents Montana from having to incur the cost of establishing and maintaining these high-cost programs within the state.

While funding for the WAMI program has remained constant since the inception of the program, supporting 80 students annually, there has been a steady decline in the number of students supported through both the WICHE and Minnesota Dental programs since 1977/78. The number of students supported through these two programs peaked during the 1977/78 academic year with 165 supported WICHE students and 19 supported Minnesota Dental Students. For the current academic year, 1996/97, Montana provides support for 67 WICHE students and 5 Minnesota Dental students.

The Montana Rural Physician Incentive program was established specifically to encourage primary care physicians to practice in medically underserved areas of rural Montana. Since its inception in FY 1993, 20 physicians have been approved for participation, representing 14 medically underserved communities in Montana.

It is our opinion that all of these programs have been successful in achieving their primary objectives. The citizens of Montana are fortunate to have access to these necessary and valuable programs.

We wish to thank you and your staff for all your efforts in compiling this report. It will serve as a valuable information source, greatly increasing awareness and understanding of Montana's participation in these programs.

Sincerely,

Rod Sundsted
Associate Commissioner for Fiscal Affairs

Enclosure

RECOMMENDATION #1

We recommend the Commissioner of Higher Education's office use the established WICHE ranking system to determine which students are awarded WICHE funds.

AGENCY RESPONSE:

Concur. As indicated at the beginning of the audit period, the Office of the Commissioner of Higher Education had been evaluating the existing method of allocating funds to Montana WICHE students and exploring the benefits of converting to the established WICHE ranking system. Recent admittance procedure changes at some participating schools raised some concern about the continued equity of the existing allocation method of first accepted, first funded. Both ranking systems are based upon school selection of students according to academic ability and admission requirements. However, the WICHE ranking system decreases the incentive for schools to extend multiple early offers in an effort to increase the number of WICHE supported students attending their institution.

Consequently, conversion to the established WICHE ranking system was implemented during the certification process for Fall, 1996. Therefore, all applicants with professional school offers for the 1997/98 academic year will be ranked for available state funding based on the new ranking system.

MONTANA STATE UNIVERSITY
BOZEMAN

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November 4, 1996

Jim Pellegrini
Legislative Audit Division, Room 135
State Capitol Building
PO Box 201705
Helena, MT 59620-1705

7

Dear Mr. Pellegrini:

Thank you for the opportunity to study the draft of the performance audit report concerning the WICHE, WAMI, Minnesota Dental and Rural Physician Incentive Programs. I will confine my comments to the discussion of the WAMI Program and the Rural Physician Incentive Program, which are the two with which I have some working familiarity.

The original goals of the WAMI Program included two goals which are not mentioned on page 7 of the report. The third goal was to make available to the State of Montana all of the educational resources of the University of Washington School of Medicine. In addition to medical student education, this would include support of continuing education programs, residency programs, rural health initiatives, telephone consultation services for physicians, support of an Area Health Education Center, and a variety of similar activities. The fourth goal of WAMI was to provide medical education at the lowest possible cost. What this meant, effectively, was to provide medical education without constructing any new buildings.

The description on pages 34 to 36 of payback provisions under WICHE, WAMI and Minnesota Dental Programs are accurate, but they do not distinguish between physicians and other beneficiaries of these programs. This is a matter of some concern to us because attempts to initiate payback legislation in Montana have exclusively focused on the medical education programs in WAMI and WICHE. It should therefore be pointed out that Arizona and Colorado do not have any payback provisions for medical students. The reason for this, of course, is that Colorado and Arizona have their own medical schools and therefore their medical students are not considered beneficiaries of WICHE. The cost per medical student to the states of Colorado and Arizona is, to my knowledge, just as great if not greater than the cost of WAMI and WICHE medical students to Montana.

A few other drawbacks to service payback plans have been brought up when service/ payback plans were unsuccessfully introduced into five previous legislative sessions, including those of 1993 and 1995.

- The amount of liability in these proposals is too great. It would take Montana medical students to a level of obligation approximately $100,000 above their current costs, an amount that would be greater than almost all medical students in the United States. This

level of liability might well discourage students from entering primary care careers which tend to be lower paying than specialities. Thus the legislation would work in opposition to one of the goals of the program.

- Programs of this type are difficult to manage. It would put the Montana University System in the role of a lending institution which would have to track the students for periods of 7 to 10 years after matriculation. There would therefore be significant costs to the state before any students returned or any money was repaid.

- Because medical education is such a long process (4 years of medical school plus 3 to 7 years of residency and fellowship training) it would be very difficult for students to make an informed decision about undertaking the obligations that service/payback legislation would impose. It is very difficult for a student to predict what his or her situation will be upon completion of medical training. Family obligations may preclude a return to Montana. The student may have chosen an area of medicine in which no Montana practice opportunities are available at the time that they have completed their studies. Ultimately, many of the best applicants would be motivated towards educational opportunities which have less rigid requirements.

- Service payback legislation would be of no benefit to the state for at least 7 years following its adoption.

On page 37 the report states "it is still too early to determine if this (the Rural Physician Incentive) Program will be successful." As indicated in a later section of the report, the program has been effective in bringing physicians to the state, although only a few of these have been former WAMI or WICHE students and none have been students who paid into the program. The intent of the Rural Physician Incentive Program is to get physicians into rural areas where they are needed and to have Montana medical students take on a fair share of the responsibility for accomplishing this. The intent of the program was to attract physicians to areas of need whether or not they were WAMI or WICHE graduates. In fact one of the advantages of this type of program over service/payback is that it became effective as soon as the state started to collect the surcharge fee from the students.

Thank you very much for the opportunity to review this report. Mary Zednick deserves a lot of credit for having succinctly and accurately analyzed some very complicated programs.

Sincerely,

Stephen J. Guggenheim, M.D.
Director

SJG:lea

Appendix A

LEGISLATIVE AUDIT DIVISION

Survey of WICHE, WAMI, Minnesota Dentistry Applicants

1. From which program did you apply for funding?

70 WICHE 42 WAMI 4 Minnesota Dentistry

2. For which professional field did you apply for funding? (Check all that apply)

7	Dentistry	3	Osteopathic Medicine
50	Medicine	1	Podiatry
5	Occupational Therapy	2	Public Health
3	Optometry	17	Veterinary Medicine

3. Were you accepted at any of the schools to which you applied?

29 YES (GO QUESTION #4) 52 NO (GO QUESTION #5)

4. Are you attending any of those schools even without the program funding?

23 YES 6 NO

Did you receive funding from another source?

18 YES 3 NO

If yes, what source(s)? (Check all that apply)

9 College (scholarship, grant, etc.)
14 Loans
8 Other (Please explain)
(GO TO QUESTION #6)

What are you doing? (Check all that apply)

0 Working at a job related to my field of study.
0 Working at a job not related to my field of study.
0 Applied for program funding for Fall 1996.
4 Attending another school.
2 Other (Please explain)
(GO TO QUESTION #6)

CONTINUED ON BACK

5. Since you were not accepted at a school for the 1995 school year, what course of action did you pursue? (Check all that apply)

29 Applied for admission to colleges for Fall 1996.
21 Applied for program funding for Fall 1996.
13 Continued to go to college.
17 Working at a job related to my field of study.
23 Working at a job not related to my field of study.
7 Am no longer pursuing a career in my chosen professional field.
What field are you pursuing? _____
15 Other (Please explain) _____

6. Please make any other comments about the WICHE, WAMI, and Minnesota Dentistry Programs which would help us provide information to the legislature.

57 - Total comments
20 - Complained about lack of funding
4 - Complained about first-come first-funded basis
4 - Should/could be requirement to return to Montana to practice for awhile
6 - Attending another school because of lack of stable funding and better funding deals at other colleges
14 - Continue with program

Distribution of question #3, yes responses (some people had more than one occupation marked):

3 - Dentist
21 - Medicine
3 - Occupational Therapy
1 - Optometry
2 - Osteopathic Medicine
1 - Podiatry
2 - Public Health
1 - Vet medicine

Appendix B

LEGISLATIVE AUDIT DIVISION

Survey of WICHE, WAMI, Minnesota Dentistry Applicants

1. From which program are you applying for funding?

60 WICHE 49 WAMI 6 Minnesota Dentistry

2. For which professional field are you applying for funding? (Check all that apply)

5	Dentistry	3	Osteopathic Medicine
56	Medicine	0	Podiatry
10	Occupational Therapy	0	Public Health
2	Optometry	11	Veterinary Medicine

3. What will you do if you are not accepted at any of the schools to which you apply? (Check all that apply)

39 Apply for admittance in the 1995-96 winter semester or fall semester of 1997.
36 Try to obtain employment in a position related to my field of study until I am accepted at a college.
22 Try to obtain employment in any position until I am accepted at a college.
12 Continue to attend the school where I am presently enrolled until I am accepted at a college.
6 Will no longer pursue a career in my chosen professional field.
What field will you pursue? _____
28 Other (Please explain) _____

4. What will you do if you do not receive funding from any of the three programs? (Check all that apply)

55 Apply for other types of funding.
47 Apply for program funding for Fall 1997.
43 Attend a school at which I am accepted even without funding.
4 Continue to attend the school where I am presently enrolled.
10 Try to obtain employment in a position related to my field of study until I do receive funding.
6 Try to obtain employment in any position until I do receive funding.
6 Will no longer pursue a career in my chosen professional field.
What field will you pursue? _____
11 Other (Please explain) _____

CONTINUED ON BACK

5. Please make any other comments about the WICHE, WAMI, and Minnesota Dentistry programs which would help us provide information to the legislature.

50 total comments

Vast majority of the comments were that the programs were good and needed.
There were a few comments (about 4 or 5) about the need for additional funding.
Two students indicated the student should be required to return to Montana to practice after graduating.